

- 2. The date the certificate of organization was originally filed
- 3. Other information concerning the dissolution (optional):

Name and address to return acknowledgement copy of this form to:

Mary Chaffin	4201 W. Gray Teal Ct., Eagle, ID 83616
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(Name)

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Mary E Chaffin

Signature: <u>M</u>	marixe	Chapl	· ·
-	0	· (	

Printed Name:

Signature:

Rev. 08/2015

Secretary of State use only

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